Effective October 1, 2003												47
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	• -	R THAN ENTITY
T	OTAL CLAIMS	28				·>:-	ſ	RATE	FEE	7	RATE	FEE
FC	OR .		NUMBER FILED		NUME	BER EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	26 minus 20=		•	1		X\$ 9=		OR	X\$18=	144
INI	DEPENDENT C	CLAIMS	2 minus 3 =		·	Ž	t	X43=	† ·	OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P				ŀ	+145=		1	+290=	_	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	1	OR OR	TOTAL	910
CLAIMS AS AMENDED - PART II								TOTAL	Ļ	JUN	OTHER	THAN
10	(Column 1) (Column 2) (Column 3)							SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID, F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 15	Minus	- 28	5	<u>-</u>	-	X\$ 9=		OR	X\$18=	
	Independent	* /	Minus		3	4		X43=		OR	X86=	
٠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+145=	•	OR	+290=	
								TOTAL DDIT. FEE		'	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	~	JOH. FCE :			ADDII, 1 EE (
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** .	•			X\$ 9=		OR	X\$18=	
	Independent	+	Minus	***		-		X43=		OR	X86=	
	FIRST PHESE	NTATION OF ML	JUTIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
								TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18≐	
	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=				
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	+290==	
	the "Highest Nur the "Highest Nu	nber Previously Pal mber Previously Pal ber Previously Pald	ld For in This lid For in This	SPACE is	less than	20, enter "20." 3, enter "3."		TOTAL DIT. FEE	,		DDIT. FEE	

Application or Docket Number